

Best Available Copy

| CLAIMS ONLY | | | | | | | | SERIAL NO. | FILING DATE | | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|---|--------------|-------------|------|------|------|------|------|------|--|
| | | | | | | | | 101052,797 | | | | | | | | |
| | | | | | | | | APPLICANT(S) | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 11 | | 1 | | | | | | | | | | | | | | |
| 12 | | 1 | | | | | | | | | | | | | | |
| 13 | | 1 | | | | | | | | | | | | | | |
| 14 | | 1 | | | | | | | | | | | | | | |
| 15 | | 1 | | | | | | | | | | | | | | |
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| TOTAL IND. | 3 | | | | | | | | | | | | | | | |
| TOTAL DEP. | 16 | | | | | | | | | | | | | | | |
| TOTAL CLAIMS | 19 | | | | | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS